

2021 Monthly insurance premiums for Town of Port Royal active employees



Rates may vary for optional employers. Verify rates with your benefits office.

| | Employee | Employee/spouse | Employee/children | Full family |
|----------------------------------|----------|-----------------|-------------------|-------------|
| Standard Plan ¹ | \$0.00 | \$253.36 | \$143.86 | \$306.56 |
| Savings Plan ¹ | \$9.70 | \$77.40 | \$20.48 | \$113.00 |
| TRICARE Supplement | \$62.50 | \$121.50 | \$121.50 | \$162.50 |
| Dental Plus | \$25.96 | \$60.12 | \$74.26 | \$99.98 |
| Basic Dental | \$0.00 | \$7.64 | \$13.72 | \$21.34 |
| State Vision Plan | \$0.00 | \$11.60 | \$12.46 | \$18.26 |
| Tobacco-use premium ¹ | \$40.00 | \$60.00 | \$60.00 | \$60.00 |

Employer contributions

| | Employee | Employee/spouse | Employee/children | Full family |
|----------------------|----------|-----------------|-------------------|-------------|
| Health | \$402.70 | \$797.68 | \$618.06 | \$998.72 |
| Dental | \$13.48 | \$13.48 | \$13.48 | \$13.48 |
| Life insurance | \$0.32 | \$0.32 | \$0.32 | \$0.32 |
| Long term disability | \$3.22 | \$3.22 | \$3.22 | \$3.22 |

Life insurance monthly premium rate

Optional Life and Dependent Life-Spouse

Premiums are determined by the employee or spouse's age as of the previous December 31 and the coverage amount. Rates shown per \$10,000 of coverage. The monthly premium will change when the age bracket changes. Coverage will reduce to 65 percent at age 70, 42 percent at age 75 and 31.7 percent at age 80.

| Age | Rate | Age | Rate |
|----------|--------|-------------|---------|
| Under 35 | \$0.58 | 60-64 | \$6.00 |
| 35-39 | \$0.78 | 65-69 | \$13.50 |
| 40-44 | \$0.86 | 70-74 | \$24.22 |
| 45-49 | \$1.22 | 75-79 | \$37.50 |
| 50-54 | \$1.94 | 80 and over | \$62.04 |
| 55-59 | \$3.36 | | |

Dependent Life-Child

\$1.26 per month for \$15,000 of coverage; one premium provides coverage for all eligible children.

SLTD Plan monthly premium factor

| Age preceding January 1 | 90-day waiting period | 180-day waiting period |
|-------------------------|-----------------------|------------------------|
| Under 31 | 0.00062 | 0.00049 |
| 31-40 | 0.00086 | 0.00067 |
| 41-50 | 0.00170 | 0.00129 |
| 51-60 | 0.00343 | 0.00263 |
| 61-65 | 0.00412 | 0.00316 |
| 66 and older | 0.00504 | 0.00387 |

How to calculate SLTD monthly premium:

1. Divide gross annual salary by 12.
2. Multiply monthly salary by premium factor above.
3. Drop digits to right of two decimal places; do not round.
4. If number is even, this is the monthly premium.
5. If number is odd, add \$0.01 to determine monthly premium.

¹State Health Plan subscribers who use tobacco or e-cigarettes or cover dependents who use tobacco or e-cigarettes will pay a \$40 per month premium for subscriber-only coverage. The premium is \$60 for other levels of coverage. The premium is automatic for all State Health Plan subscribers unless the subscriber certifies no one he covers uses tobacco or e-cigarettes, or covered individuals who use tobacco or e-cigarettes have completed the Quit For Life[®] tobacco cessation program.